U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT TO Spread of the first of th

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1. File Number U - 1/547	2. Fiscal Year Covered From:
v	7/1/2004 Through: 72/3//2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Billy 5 KEEL	Name $\mp u \rho A + O C - G$
	Labor Organization File Number 037989
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 291 McClurg Rd	Street 8257 Dow Circle
City Youngstown	City STRONGSVIlle
State 0410 ZIP Code + 4 44512	State 0H10 ZIP Code + 4 4/45/2
sition in labor organization.  Bus: Ref.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	
Street	7.b, Amount.
City	The state of the s
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the indersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Rilly / Ruf	on 8-4-05 3307587117
7//	Date Telephone Number